

A SNAPSHOT OF GEORGIA

STATE HEALTH BENEFIT PLAN



SHBP Addresses Consumerism

As of October 2006, State Health Benefit Plan (SHBP) provides health coverage for 652,934 active and retired state employees and their dependents. There are nine plans under five vendors and two pilot plans offered. There are also consumer choice options, allowing for providers to be added to the personal member networks by nomination, available for most of the plans.

As a benefit of being employed with the State of Georgia, SHBP assists in attracting and maintaining a competent, healthy workforce. The SHBP is a self-funded plan which means that the member premiums and agency/state contributions must meet the expenditures. Vendors process and pay claims following the SHBP guidelines.

Overview of State Health Benefit Plan Options

Each plan provides a wellness benefit that does not require meeting a deductible to encourage members to get age-appropriate check-ups and exams. The nine plans are:

- Indemnity: The Indemnity is a traditional fee for service plan paying a prescribed percentage of allowed amounts.
- Preferred Provider Organization (PPO): Members may receive services from providers in or out of network. To receive the highest level of benefit, 90 percent, members must see providers participating in the network. The PPO does provide coverage at a lower level, 60 percent, for Out-of-Network provider services. Network providers are available both in and outside of Georgia.
- High Deductible Health Plan (HDHP): The HDHP has a lower premium and a higher deductible that must be satisfied for each family member before benefits are paid. It also offers In and Out-of-Network benefits. This option meets the requirement allowing members to establish a Health Savings Account (HSA). Employee contributions to and HSA are tax deductible and may be used to pay medical expenses. Any HSA funds not used for medical expenses carry over to the next year and may earn interest. HSAs are portable and an employee may carry them to a new employer or into retirement.
- Kaiser Health Maintenance Organization (HMO): Kaiser offers lab, x-ray and full services at their facilities. Specialist services are only paid if the visit was referred by the patient's Primary Care Physician (PCP). Kaiser coverage is only available to members in the Atlanta metro area.
- Kaiser Medicare Plus Senior Advantage: This plan is priced to encourage Medicare eligible member participation. All of the above Kaiser HMO description applies. Members selecting this plan do not need to select a Medicare Part D prescription coverage plan.
- Cigna HMO: This traditional HMO provides coverage by Cigna providers only. Members must select a PCP and obtain a referral for specialist services.
- Blue Choice HMO: This traditional HMO provides coverage by Blue Choice providers only. Members must select a PCP and obtain a referral for specialist services.
- UnitedHealthcare Choice HMO (UHC): This is not a traditional HMO. It does not require a PCP referral for specialist services. However, members must use a UHC HMO Choice network provider to have their services covered.
- Tri-Care supplement: This plan works as a supplement that coordinates benefits with the federal health insurance offered to members, retirees and their dependents of the United States uniformed military services. Tri-Care military coverage is primary and the SHBP Tri-Care supplement, secondary.

PLAN OPTIONS

- Indemnity
- Preferred Provider Organization
- High-Deductible Health Plan
- Kaiser Health Maintenance Organization
- Kaiser Medicare Plus Senior Advantage
- Cigna HMO
- Blue Choice HMO
- UnitedHealthcare Choice HMO
- Tri-Care supplement

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As a step toward plan options that encourage members to be wise health care consumers, the SHBP offers a consumer-driven health plan pilot program in Bibb, Clayton, Coweta, Clarke, Fulton and Paulding counties, and Atlanta City school systems. Of 30,000 employees that have these plans available, 808 are members. The plan offers a preventive care benefit. This plan provides an annual \$500 single and \$1,000 family Health Reimbursement Account (HRA) that can be used to offset initial expenses for covered health care services including satisfying the deductible. If the member does not spend more than that, there is no cost to the member, other than the monthly premium. Any unused dollars in the HRA rolls over to the next year. This encourages members to use their dollars wisely. If members exceed this dollar amount, they must then satisfy an annual deductible (that is higher than the deductible for the HMOs or the PPO Plan). Once the deductible has been satisfied, the plan provides a 90 percent benefit. If the member reaches a maximum out-of-pocket limit, benefits are then paid at 100 percent.

Consumer Choice Options

Consumer Choice Option (CCO): Except for the Indemnity Plan and the Tri-Care Supplement each of the described plans offers a feature that, if elected by the member, would allow the member and each dependent to nominate non-network providers to be treated and reimbursed as if they were In-Network. There is an additional cost per month for this feature. Nominated providers must be practicing and licensed in Georgia, accept the SHBP fees terms and conditions and be approved by the SHBP plan. After the approval process is completed, any services by that provider to the nominating member are considered "In-Network."

Tobacco and Spousal Surcharges

The Spousal Surcharge encourages members whose spouse could be covered by the spouse's employer to move to that coverage. The Tobacco Surcharge was designed to encourage tobacco users to more healthy behavior. Each year members must answer questions during the SHBP Open Enrollment as to their status regarding these two issues. Retirees are not subject to surcharges at this time.

SHBP GRANTS & INITIATIVES

Bridges to Excellence (BTE)

BTE is one of SHBP's answers to its vision for a Healthy Georgia. SHBP is the first state employees health plan to join several large companies in their commitment to reward doctors for earning the Diabetic Physician's Recognition Program (DPRP). This would link improved outcomes with monetary incentives. Providers with DPRP status would track specific outcome indicators for designated member groups to earn recognition for improvement in health care practices.

Integrated Approach to Healthcare for the Total Person

This is an effort to move toward an efficient and effective health care for SHBP members thereby reducing costs and maximizing clinical outcomes. UnitedHealthcare houses medical, behavioral health and disease management professions in one area so that they might address all of a patient's needs concurrently encouraging a whole person approach to health care.

The Wellness Program

The Wellness Program encourages SHBP members to take proactive steps toward healthier lifestyles. Using community resources, SHBP is addressing such targeted interventions as weight management, tobacco cessation and fitness programs.